

**TRANSCRIPT ORDER FORM**

DUE DATE:

Please Read Instructions on Page 2.

<b>1. REQUESTOR'S INFORMATION:</b>	NAME <b>James E. Kolenich</b>	TELEPHONE NUMBER <b>(513) 324-0905</b>								
DATE OF REQUEST <b>3/18/2018</b>	EMAIL ADDRESS ( <i>Transcript will be emailed to this address.</i> ) <b>JEK318@GMAIL.COM</b>									
MAILING ADDRESS <b>Kolenich Law Office 9435 Waterstone Blvd. Suite 140</b>		CITY, STATE, ZIP CODE <b>Cincinnati OH 45249</b>								
<b>2. TRANSCRIPT REQUESTED:</b>	NAME OF COURT REPORTER  <u>OR</u> CHECK HERE <input checked="" type="checkbox"/> IF HEARING WAS RECORDED BY FTR									
CASE NUMBER <b>3:17-cv-00072</b>	CASE NAME <b>Sines et al. v. Kessler et al.</b>	JUDGE'S NAME <b>Joel C. Hoppe</b>								
DATE(S) OF PROCEEDING(S) <b>3/18/19</b>	TYPE OF PROCEEDING(S) <b>Telephone Status Conference</b>	LOCATION OF PROCEEDING <b>Charlottesville, VA</b>								
REQUEST IS FOR: ( <i>Select one</i> ) <input checked="" type="checkbox"/> FULL PROCEEDING <u>OR</u> <input type="checkbox"/> SPECIFIC PORTION(S) ( <i>Must specify below</i> ) SPECIFIC PORTION(S) REQUESTED ( <i>If applicable</i> ):										
<b>3. SERVICE TURNAROUND CATEGORY REQUESTED:</b> ( <i>See Page 2 for descriptions of each service turnaround category.</i> )										
<table border="0"><tr><td><input type="checkbox"/> Ordinary (30-Day)</td><td><input type="checkbox"/> Daily</td></tr><tr><td><input type="checkbox"/> 14-Day</td><td><input type="checkbox"/> Hourly</td></tr><tr><td><input checked="" type="checkbox"/> Expedited (7-Day)</td><td><input type="checkbox"/> RealTime</td></tr><tr><td><input type="checkbox"/> 3-Day</td><td></td></tr></table>			<input type="checkbox"/> Ordinary (30-Day)	<input type="checkbox"/> Daily	<input type="checkbox"/> 14-Day	<input type="checkbox"/> Hourly	<input checked="" type="checkbox"/> Expedited (7-Day)	<input type="checkbox"/> RealTime	<input type="checkbox"/> 3-Day	
<input type="checkbox"/> Ordinary (30-Day)	<input type="checkbox"/> Daily									
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<input checked="" type="checkbox"/> Expedited (7-Day)	<input type="checkbox"/> RealTime									
<input type="checkbox"/> 3-Day										
<b>4. CERTIFICATION:</b> By signing below, I certify that I will pay all charges (deposit plus additional).										
DATE <b>3/18/2019</b>	SIGNATURE <b>s/ James E. Kolenich</b>									

If you have any questions, please contact the court reporter coordinator at (434) 847-5722 or by email to [CRC@vawd.uscourts.gov](mailto:CRC@vawd.uscourts.gov).

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<http://www.vawd.uscourts.gov/media/1576/transcripts2018-3.pdf>

**NOTE:** Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.